

Maricopa County Department of Public Health Request for Certified Copy of ARIZONA Birth Certificate

Date Stamp Here

Mail Application to: MCOVR (Maricopa County Office of Vital Registration)							CUSTOMER Checklist					
Apply In Person: 4 Locations Valley wide Fees: \$20.00 per Certified Copy \$30.00 per Correction or Major Change to an AZ Birth Record								 □ ID Required - Front and Back Photocopy of Your Valid, Signed Government Photo ID OR Have Your Signature Notarized on Application □ Sign the Application - Don't Forget! □ Include a Self-Addressed Stamped Envelope □ Correct Fee Required - Please, no Cash or Checks □ Any Required Documents (e.g. Proof of Relationship, etc.) 				
Please! No Cash and Checks – Thank you!												
	Today's Date		_	Durnoso of Boo	ruest (Including Co	est (Including Genealogy) #			# of Copies Requested Amount Enclosed			
order In	Today S Date	Today's Date Payment Method Purpose of		Purpose of Ket	equest (including denealogy)			# OI COL	nes Requestet	d Amount Enclosed		
u u	Name on Birth Certificate											
natio	First	Last										
Birth Certificate Information Order Info	Date of Birth	Sex: ☐ Male ☐ Female	Town/ Ci	ty of Birth	County of Birth Hospital							
	Mother's/Parent's				Last Name Prior to Marriage			D	ate of Birth	State (if US) or Country of Birth		
Birth C	Father's/Parent's First Name Middle			Last			D	ate of Birth	State (if US) or Country of Birth			
ificate	Applicant's Signature (Required)				Print Applicant's Full Name: First, Middle, Last							
Person Requesting Certificate	Email				Cell/Telephone Number							
quest	Mailing Address											
Rec	Street Apt/Suite City State Zip Code											
Your Relationship to Person on Certificate- Check One *PROOF of Relationship MUST be Provided if You are NOT Named on the Provided if You are Named on the Provided if												
	State of County of											
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Notary Area	(name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed											
	Notary Signature	to this document, and who acknowledge that he/she signed the above document. My Commission Expires										
	Notary Signature My Commission Expires											
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ار	Documents Verified					Request ID						
Office Use Only	Verification: □ Pro		Di			Date Entered						
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ō	☐ Incorrect Payment Type ☐ Need CC holder's ID w/ Signature				☐ Applicant Ineligible ☐ Not an AZ Record ☐ Need Documents ☐ Other		Se	Serial Numbers				
	☐ CC Expired ☐ ID Expired/Invalid	Re	eceipt #	<u> </u>								
	Payment Information											
Credit Card	Card Number	Card Expiration Date	/ □ VISA □ MC *Must Attach Copy of d Expiration Date credit card holder's Valid Government Photo ID with Signature									
Cre	\$20.00 X = \$											
	Signature of Card Holder # of paid Copies Requested Amount to be Charged											

Apply by Mail. Send Complete, Signed Application with Fee to:

MCOVR (Maricopa County Office of Vital Registration) PO Box 2111 – Phoenix AZ – 85001

MaricopaVitalRecords.com - Download and Print Forms, Read FAQs and Directions

Apply In Person: 4 Locations Valley wide

Central Valley - 3221 N. 16th St., Ste. 100, Phoenix 85016 (1 Block S. of Osborn)

North Valley - 2423 W. Dunlap Ave., Ste. 110, Phoenix 85021 (E. of I-17 Exit Dunlap)
West Valley - 1850 N. 95th Ave., Ste. 182, Phoenix 85037 (101 Fwy/N. of McDowell)
East Valley - 4419 E. Main St. Ste., 105, Mesa 85205 (I-60/202 Red Mtn North Fwy)

Hours: Monday-Friday 8:00am-4:30pm – Closed holidays and Other Dates

Phone: 602-506-6805

Apply Online: <u>VitalChek.com</u> – Additional fees for service in addition to cost per certified copies.

**Mail and walk-in services may be faster and with no add-on fees!

Fees: \$20.00 Per Certified Copy

\$30.00 Change to vital record and fee includes 1 certified copy

Questions? Call or Stop in! We are here to assist you.